

471-000-504 Nebraska Medicaid Practitioner Fee Schedule for Ambulance Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 3-000.

For billing instructions, see Appendix 471-000-53 at <http://dhhs.ne.gov/Documents/471-000-53.pdf>

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Rates effective July 1, 2016

						MEDICAID
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	ALLOWABLE
000A0420		AMBULANCE WAITING TIME (ALS OR BLS), ONE-HALF HOUR INCREMENTS				\$16.54
000A0425		GROUND MILEAGE, PER STATUTE MILE				\$5.69
000A0426		AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)				\$347.34
000A0427		AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 - EMERGENCY)				\$347.34
000A0428		AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)				\$138.93
000A0429		AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)				\$170.36
000A0430	II	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)				\$1,734.27
000A0431	II	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)				\$992.40
000A0433		ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)				\$347.34
000A0434		SPECIALTY CARE TRANSPORT (SCT)				\$347.34
000A0435		FIXED WING AIR MILEAGE, PER STATUTE MILE				\$11.57

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

						MEDICAID
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	ALLOWABLE
000A0435	II	FIXED WING AIR MILEAGE, PER STATUTE MILE				\$11.57
000A0436		ROTARY WING AIR MILEAGE, PER STATUTE MILE				\$23.15
000A0888		NON-COVERED AMBULANCE MILEAGE, PER MILE (E.G. FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY)		NOT COVERED		
000A0999		UNLISTED AMBULANCE SERVICE				
000S9960		AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, NON- EMERGENCY TRANSPORT, ONE WAY (FIXED WING)		NO FEE SCHEDULE RECORD FOR THIS TIME FRAME		
000S9961		AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, NON- EMERGENCY TRANSPORT, ONE WAY (ROTARY WING)		NO FEE SCHEDULE RECORD FOR THIS TIME FRAME		

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